



**OFFICE OF U.S. REPRESENTATIVE MARTHA MCSALLY**  
**3<sup>rd</sup> Annual Congressional Veteran of Distinction Award**  
**Nomination Form**

**Nominator Contact Information**

Nominator Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**About the Veteran**

Nominee Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  
(If Different): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

The following pages must be filled out in black or blue ink with legible printed writing, or a separate typed letter can be attached addressing each topic. In order for the veteran to receive full consideration by the board all of the following questions must be answered accurately and honestly to the best of your ability. The final page is a privacy release that must be signed by the veteran and included. Additionally, **a copy of the veteran's DD214 must be submitted with this nomination form.**

**Nominations must be received by Friday, October 6, 2017**

**Nomination form and any additional materials must be received by the deadline at either the Tucson or Sierra Vista offices in person, by US Mail, fax, or can be emailed to the following:**

**[Ryan.Brock@mail.house.gov](mailto:Ryan.Brock@mail.house.gov)**

Tucson Office  
4400 E. Broadway Blvd. Suite 510  
Tucson, AZ 85711  
(520) 881-3588  
(520) 322-9490 fax

Sierra Vista Office  
77 Calle Portal Suite B160  
Sierra Vista, AZ 85635  
(520) 459-3115  
(520) 459-5419 fax

1. Please provide a brief narrative of how the nominated veteran honorably served their country.

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2. Please provide a brief description of how this veteran is continuing to serve their community outside of the uniform through their profession and/or community service. Please include a listing of community service activities.

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**TO BE FILLED OUT BY THE VETERAN**  
**- PLEASE READ BEFORE SIGNING -**

**I certify that I am a legal resident of the State of Arizona and Arizona Congressional District Two. I understand that by signing this form I acknowledge if I am chosen to receive this award I am agreeing to a potential release of my information related to my acts of service associated with the receipt of this award. I further agree to the release of photographs taken both at the event and provided in preparation for the event for promotional purposes.**

**\_\_\_\_\_ (initial) If chosen to receive this award, I will be available to attend the award ceremony October 17 in the Tucson VA Hospital in the Lindsey Auditorium at 4:30pm.**

**The office of Congresswoman Martha McSally will not release the personal information of any individual; however the stories of chosen award recipients may be shared with the public.**

**I require accommodations for disabilities. (Check one) Yes \_\_\_\_ No \_\_\_\_**

**If yes, please explain so that we might arrange for proper accommodations:**

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